

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101577885

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	i					
2						
3	2					
4	2					
5	1					
6	1					
7	1					
8	1					
9	1					
10	3					
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	12	←	8	←		
TOTAL CLAIMS	14	[REDACTED]	10	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←			←	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]